

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-599437  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14	1					
15		2				
16		1				
17						
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48						
49						
50						
TOTAL IND.	3	↓	↓	↓	↓	↓
TOTAL DEP.	14	←	←	←	←	←
TOTAL CLAIMS	17					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						